

## THIRD-PARTY CLAIM FORM

	<b>KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION</b>	<i>Mail completed form to:</i> <b>DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, 2nd FLOOR FRANKFORT, KENTUCKY 40601 502-564-5981 <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a></b>	<b>FOR STATE USE ONLY:</b>
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### GENERAL INFORMATION

**IMPORTANT:** To assert a claim for payment for reimbursement of a third-party claim, an eligible owner or operator shall notify the cabinet of the assertion of the third-party claim within twenty-one (21) days of the filing of an action against the owner or operator by the third-party, or the receipt of an assertion of a claim in writing by a third-party. A third-party claim shall be paid on the basis of a) a final and enforceable judgment; or b) an agreement reviewed and approved by the cabinet. A settlement of a third-party claim shall not be made by an owner or operator without the prior review and approval of the cabinet.

An eligible third-party claim asserted against an owner or operator shall be limited to the reimbursement of bodily injury and property damage caused by sudden and non-sudden accidental releases into the environment arising from the operation of a regulated petroleum storage tank at a facility eligible for participation in the Financial Responsibility Account (FRA).

<b>AGENCY INTEREST #:</b>	<b>ASSOCIATED OWNER/OPERATOR APPLICATION #:</b>	<b>THIRD-PARTY COMPLAINT APPLICATION #:</b>
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APPLICANT INFORMATION			FACILITY INFORMATION		
FACILITY OWNER/OPERATOR (APPLICANT'S) NAME:			FACILITY NAME:		
OWNER/OPERATOR MAILING ADDRESS:			PHYSICAL LOCATION:		
CITY:	STATE:	ZIP CODE:	CITY:	COUNTY:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	FACILITY CONTACT PERSON:	FACILITY TELEPHONE NUMBER:	
LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT:		TELEPHONE NUMBER:	FACILITY FAX NUMBER:	FACILITY E-MAIL ADDRESS:	

### ADDITIONAL INFORMATION REQUIRED

1. Is there a current Certificate of Registration and Reimbursement Eligibility (CORRE) on file for this facility related to this claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If so, what was the date of issue for this CORRE?	/ /
3. If so, has the owner or operator maintained compliance with the eligibility requirements for FRA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have the costs requested been addressed through corrective action?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Provide the DATE the cabinet was notified of the assertion of the third-party claim for a) the filing of an action against the Applicant by the third-party, OR b) the receipt of an assertion of a claim in writing by a third-party.	/ /
6. Is the amount requested limited to actual damage caused by the release from a regulated petroleum storage tank?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Was prior approval from the cabinet received for the settlement of the third-party claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### ADDITIONAL DOCUMENTATION REQUIRED

- ☐ Attach the cabinet's prior approval for the settlement of the third-party claim.
- ☐ Attach either the final and enforceable judgment OR the agreement reviewed and approved by the cabinet.

**AMOUNT REQUESTED \$**

(Total shall match total of all invoices on the Invoice Listing Form DEP6065/01/06)

### THIRD-PARTY CLAIM CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): ☐ Applicant ☐ Legally-authorized representative or agent of the applicant AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I CERTIFY THAT ALL COSTS ARE NECESSARY AND WERE ACTUALLY INCURRED IN THE PERFORMANCE OF CORRECTIVE ACTION. I FURTHER CERTIFY THAT, IF NOT THE OWNER OR OPERATOR, I AM AUTHORIZED BY THE OWNER OR OPERATOR AS AN AGENT TO MAKE THIS CERTIFICATION, OR I AM THE PERSON CERTIFIED UNDER 401 KAR CHAPTER 42 AND MY CERTIFICATION IS IN GOOD STANDING. IN ADDITION, I CERTIFY THE ELIGIBILITY REQUIREMENTS OF 401 KAR 42:250 HAVE BEEN MET AND A RELEASE REQUIRING CORRECTIVE ACTION AT THIS FACILITY HAS OCCURRED AND HAS BEEN REPORTED TO THE CABINET AS REQUIRED BY 401 KAR 42:250 SECTION 2.

*SIGNATURE REQUIREMENTS: For a corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a municipality, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.*

PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent)	TITLE:	
SIGNATURE OF APPLICANT (Or Authorized Representative or Agent)	DATE: / /	
CERTIFIED CONTRACTOR'S SIGNATURE:	UST BRANCH'S PST CERTIFIED CONTRACTOR #:	DATE: / /
CERTIFIED COMPANY AUTHORIZED REPRESENTATIVE'S SIGNATURE:	UST BRANCH'S PST CERTIFIED COMPANY #:	DATE: / /

#### FOR STAFF USE ONLY:

File/CORRE #: _____	Vendor ID #: _____	Claim Request #: _____
<b><u>AMOUNTS</u></b>	<b><u>SIGNATURES</u></b>	<b><u>DATES</u></b>
Amount of Entry Level: \$ _____	_____	_____ / /
Amount Met: Yes / No	Staff	
Total Amount Obligated: \$ _____		
Total Amount Paid: \$ _____	_____	_____ / /
	Branch Manager	
Total Adjustment(s): \$ _____		
Recommended to be Paid: \$ _____	_____	_____ / /
	Cabinet Approval	

If you have questions on how to fill out this form or to request a review of the facility records, please contact the USTB at 502-564-5981 or visit our Web site at <http://waste.ky.gov/ust>.

\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\*